

Case Number:	CM13-0067719		
Date Assigned:	01/03/2014	Date of Injury:	10/02/2011
Decision Date:	10/23/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neuromuscular Medicine, and is licensed to practice in Arizona. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 39-year-old female who sustained a work related injury on 10/02/2011 as result of the performance of her normal work duties. Since then the patient has complained of constant neck pain radiating into her upper extremities, constant low back pain radiating to her lower extremities and constant bilateral knee pain, with her pain rated as 4/10, 8/10 and 5/10, respectively. Her pain is reduced from 10/10 to 7/10 with medication use. Upon exam, she has decreased cervical and lumbar range of motion. Cervical and lumbar spine MRI's dated April 12, 2012 is absent of remarkable findings in the cervical region, a moderately large 4-5mm, left paracentral disc protrusion at L5-S1. The patient is taking oral medicinals, as well as topical creams and undergoing acupuncture treatments. Because of elevated liver function testing, the patient is unable to utilize customary medication in treating her discomfort. At the time of the Utilization Review, she was pending authorization for chiropractic and physical therapy. In dispute is a decision Genicin capsules as directed (Glucosamine).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

GENICIN CAPSULES AS DIRECTED (GLUCOSAMINE): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate),.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 50.

Decision rationale: Glucosamine is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulfate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment. As such, the request is medically necessary.